

# Managed Care Considerations in the Treatment of Hemophilia B and Hemophilia A

## A Review of Results from Real-World Analyses Comparing Expenditures and Factor Dispensation

*This publication was sponsored by Pfizer.*

### INTRODUCTION

Hemophilias A and B are X-linked congenital bleeding disorders. They are caused by gene mutation–born deficiencies of clotting factor VIII (FVIII) and factor IX (FIX), respectively.<sup>1,2</sup> The global incidence of hemophilia is approximately 29.6 per 100,000 live male births; in 2022, about 33,000 individuals in the United States were living with the disease.<sup>3,4</sup>

### ECONOMIC BURDEN OF HEMOPHILIA

Over the last few years, several products were approved by the FDA for hemophilia. The category cost has grown substantially over this time, and is forecast to increase by 53% from 2019 to 2024.<sup>5</sup>

Every patient is treated. In 2023, the annual cost of therapy can range from \$77,000 to \$294,000 for on-demand regimens and \$591,000 to \$985,500 for prophylaxis regimens.<sup>6,a</sup>

This brochure presents pricing data for hemophilia B and hemophilia A treatments and results of claims-based studies examining real-world treatment costs.

### Annual Cost of Hemophilia Factor Replacement Therapy<sup>6,a</sup>



<sup>a</sup>Assumes dosing based on product's prescribing information (PI) and average patient weight of 75 kg. For recombinant factor VIII (rFVIII) on-demand regimens, assumes 30 bleeds/year. For recombinant factor IX (rFIX) on-demand regimens, assumes 21 bleeds/year. Estimated on-demand and prophylaxis treatment of uncomplicated hemarthrosis, per PI. These cost estimates are based on the PI and wholesale acquisition cost (WAC) for rFVIII and rFIX products published as of January 2023 and are subject to change.<sup>4</sup> Actual treatment costs vary; payer/specialty pharmacy data analysis determines drug cost most accurately. **The data contained in this brochure, including pricing differentials, are not intended to imply any comparable efficacy, safety, or product interchangeability among the products mentioned. There are no clinical studies comparing the efficacy and safety of hemophilia products in patients with hemophilia A or B. Approved indications are not the same for all hemophilia products. Please refer to the full PI for each product for complete information regarding dosing and administration.**

## BeneFIX has a proven efficacy and safety profile across 3 indications\*:

- on-demand treatment and control of bleeding episodes;
- perioperative management of bleeding; and
- routine prophylaxis to reduce the frequency of bleeding episodes.<sup>7</sup>

## BeneFIX is FDA approved for once-weekly prophylactic use.

A multicenter, prospective, open-label clinical trial assessed the efficacy and safety of 12 months of a 100 IU/kg, once-weekly, BeneFIX prophylaxis regimen compared with 6 months of on-demand treatment in males diagnosed with moderately severe to severe hemophilia.<sup>7,8</sup>

### Study Design

The study was conducted in 17 centers across 4 regions (Mexico, Europe, Asia, and Canada) from September 2011 to April 2014. Eligible patients had at least 12 bleeding episodes in the 12 months leading up to screening and at least 100 days of exposure to FIX products. In all, 25 patients received on-demand treatment with BeneFIX for 26 weeks followed by once-weekly prophylaxis of 100 IU/kg for about 52 weeks. The primary efficacy end point was annualized bleed rate (ABR).<sup>8</sup>

### Results

- **The ABR for the prophylaxis period was significantly lower than was the ABR for the on-demand period** (mean ± standard deviation [SD]: 3.6 ± 4.6, median: 2.0, min–max: 0–13.8 vs mean: 32.9 ± 17.4, median: 33.6, min–max: 6.1–69.0, respectively,  $P < .0001$ ).
- **In joints and soft tissue/muscle, the median ABR during the prophylaxis period was 0** (min–max: 0.0–9.8 and 0.0–7.2, respectively).<sup>8</sup>

### Study Limitations

*This study had a small population size that included only previously treated patients; most patients (92%) also received tertiary prophylaxis. Study results do not inform the treatment of untreated patients.<sup>8</sup>*

\*Please see indication, limitation of use, and additional Selected Safety Information for BeneFIX below and on pages 3 and 4. **Please see full Prescribing Information for BeneFIX® enclosed with this brochure and at BeneFixHCP.com.**

## Indication

BeneFIX, Coagulation Factor IX (Recombinant), is a human blood coagulation factor indicated in adults and children with hemophilia B (congenital factor IX deficiency or Christmas disease) for the on-demand treatment and control of bleeding episodes, perioperative management of bleeding, and routine prophylaxis to reduce the frequency of bleeding episodes.

## Limitation of Use

BeneFIX is not indicated for induction of immune tolerance in patients with hemophilia B.

## Selected Safety Information

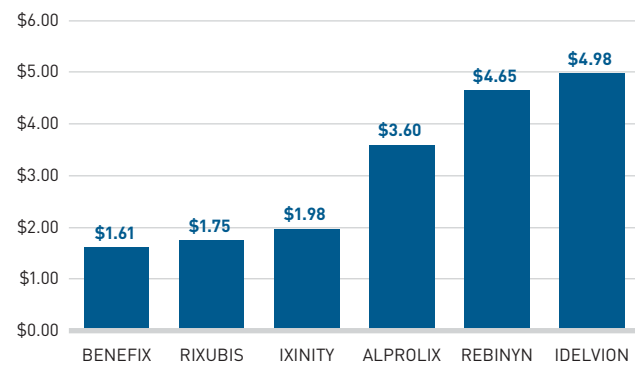
- BeneFIX is contraindicated in patients who have manifested life-threatening, immediate hypersensitivity reactions, including anaphylaxis, to the product or its components, including hamster protein (CHO).

This information is intended only for US residents. The products discussed in this brochure may have different product labeling in different countries. The information provided is for educational purposes only and is not intended to replace discussions with a health care provider.

## BeneFIX has low wholesale acquisition cost (WAC) per IU prices and a low annual cost for on-demand and prophylaxis regimens.<sup>6,7,9-14,a,b</sup>

- On an annual cost basis for prophylaxis and on-demand treatment, BeneFIX has a low cost relative to other recombinant FIX products.<sup>6,7,9-14,a,b</sup>
- At \$1.61, BeneFIX has the lowest WAC per IU among all standard half-life (SHL) and extended half-life (EHL) competitors (FIGURE 1).<sup>9,a</sup>

FIGURE 1. rFIX Product WAC per IU (January 2023)<sup>7,9-14,b</sup>



ALPROLIX, coagulation factor IX (recombinant), Fc fusion protein; BeneFIX, coagulation factor IX (recombinant); IDELVION, coagulation factor IX (recombinant), albumin fusion protein; IXINITY, coagulation factor IX (recombinant); REBINYN, coagulation factor IX (recombinant), glycoPEGylated; rFIX, recombinant factor IX; RIXUBIS, coagulation factor IX (recombinant); WAC, wholesale acquisition cost.

<sup>a</sup>Assumes dosing based on product's prescribing information (PI) and average patient weight of 75 kg. For on-demand treatment, assumes 21 bleeds/year. Estimated on-demand and prophylaxis treatment of uncomplicated hemarthrosis, per PI. These cost estimates are based on the PI and WAC for all products. Actual treatment costs vary; payer/specialty pharmacy data analysis determines drug cost most accurately.<sup>6</sup>

<sup>b</sup>The information and graphics in this section are current as of January 2023.<sup>9</sup> They are not intended to imply any comparable efficacy, safety, or product interchangeability among hemophilia B products. Clinical studies comparing the efficacy and safety of BeneFIX, RIXUBIS, ALPROLIX, IXINITY, IDELVION, and REBINYN in patients with hemophilia B have not been conducted. All trademarks are the property of their owners. Approved indications are not the same for all hemophilia B products. Please refer to each product's full PI for complete dosing and administration information. WAC was published as of January 2023 and is subject to change. These prices may not reflect the actual cost paid by consumers, pharmacies, or third-party payers.

### Cross-Sectional Comparison<sup>a</sup>

A cross-sectional comparison was performed of prescription claims for men diagnosed with moderate or severe hemophilia B who used BeneFIX (SHL product) or an EHL product (ALPROLIX; Sanofi) to manage their condition prophylactically or episodically on demand.<sup>15</sup>

### Study Design

Using a large national specialty pharmacy dispensation database, investigators retrospectively analyzed anonymized claims data for patients with moderate or severe hemophilia (n = 296) from April 2015 to June 2016. The study objective was to assess real-world data to estimate expenditure and IU factor volume dispensed of an SHL (BeneFIX) vs an EHL (ALPROLIX). WAC prices from 2015 were used for expenditure calculation.<sup>15</sup>

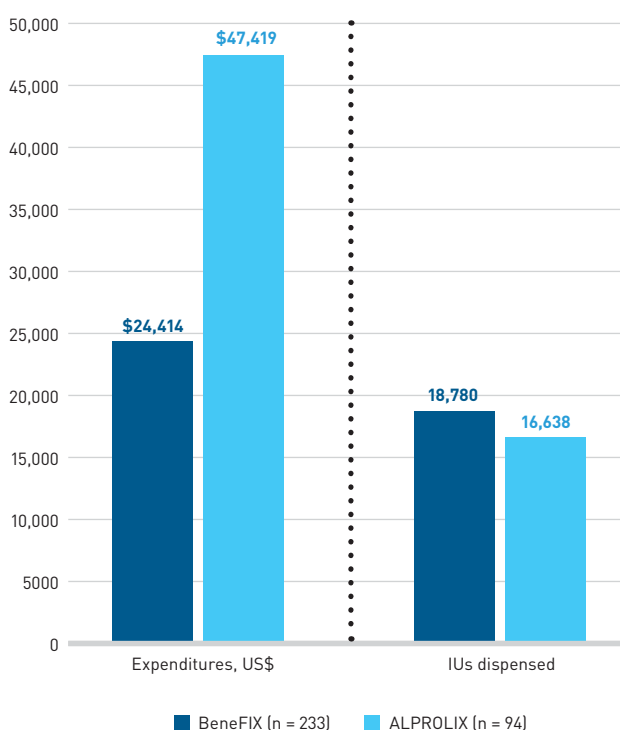
### Results

- **Median expenditures per patient per month were \$23,005 higher** among those in the EHL cohort compared with patients given BeneFIX (FIGURE 2).
- **Median factor IUs dispensed per patient per month were 2142 IUs higher** among those who used BeneFIX than among patients using the EHL product (FIGURE 2).<sup>15</sup>

### Study Limitations

Real-world data may show association but not causation. These real-world, retrospective data were collected for product dispensation, not research. Inherent limitations included: 1) limited or missing information about disease characteristics, regimen, number of bleeding events, and patient adherence to treatment regimen; 2) lack of randomization (study samples obtained from these data may include unobserved factors, which may influence prescriptive choice and group assignment); 3) study samples were not randomly selected, which may have introduced bias, and no inferential statistical testing was performed; and 4) data may not be generalizable. It cannot be assumed, based on prescription data, that the prescribed units were infused, and no insight was available into product stockpiling. The effects of discounts or distribution costs on expenditure data are unknown.<sup>15</sup>

FIGURE 2. Median Monthly Expenditures (US\$) and Factor IUs Dispensed<sup>15,a,b</sup>



ALPROLIX, coagulation factor IX (recombinant), Fc fusion protein; BeneFIX, coagulation factor IX (recombinant).

<sup>a</sup>**BeneFIX was not indicated for routine prophylactic use at the time of this study.** The information and graphics in this section are not intended to imply any comparable efficacy, safety, or product interchangeability among hemophilia B products. Clinical studies comparing the efficacy and safety of BeneFIX and ALPROLIX in patients with hemophilia B have not been conducted. All trademarks are the property of their owners. Approved indications are not the same for all hemophilia B products. Please refer to each product's full prescribing information for complete dosing and administration information. Wholesale acquisition cost was published in 2015, and it is subject to change. These prices may not reflect the actual cost paid by consumers, pharmacies, or third-party payers.

<sup>b</sup>For patients treated prophylactically and patients treated episodically, on demand.<sup>15</sup>

Please see indication, limitation of use, and additional Selected Safety Information for BeneFIX below and on pages 2 and 4. **Please see full Prescribing Information for BeneFIX® enclosed with this brochure and at BeneFixHCP.com.**

### Selected Safety Information (continued from page 2)

- Hypersensitivity reactions, including anaphylaxis, have been reported with BeneFIX. Closely monitor patients for signs and symptoms of acute anaphylaxis, particularly during the early phases of initial exposure to the product. Immediately discontinue the administration of the product and initiate appropriate treatment if symptoms occur.
- Patients may develop hypersensitivity to hamster protein as BeneFix contains trace amounts.
- BeneFix has been associated with the development of thromboembolic complications, including in patients receiving continuous infusion through a central venous catheter. The safety and efficacy of BeneFix administration by continuous infusion have not been established.

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## HEMOPHILIA B: REAL-WORLD ANALYSIS WITH BENEFIX® (coagulation factor IX [recombinant])

### Switch Analysis<sup>a</sup>

A switch analysis of prescription claims identified for men diagnosed with moderate or severe hemophilia B who switched from BeneFIX (SHL product) to an EHL product (ALPROLIX) was performed.<sup>15</sup>

### Study Design

Investigators analyzed Truven Health MarketScan Research database data from January 2010 to July 2016. Patients were included if they had complete claims data for at least 3 months before and 3 months after switching (n = 14). Mean age immediately before and after switch periods was 21.5 years. The study objective was to estimate expenditure and IU factor volume dispensed of an SHL (BeneFIX) in the 12 months prior to switching to an EHL (ALPROLIX), comparing the results to estimates of the expenditure and IU factor volume dispensed of the EHL (ALPROLIX) in the 12 months following the switch. The study used individual patients as their own control, limiting important treatment variables including disease severity and patient weight.<sup>11,15</sup>

### Results

- Median expenditures increased by \$107,303 in the 12 months following a switch from an SHL to an EHL product (FIGURE 3).
- Median quarterly factor IUs dispensed increased by 4775 IUs following a switch from an SHL to an EHL product (FIGURE 3).<sup>15</sup>

### Study Limitations

Real-world data may show association but not causation. These real-world, retrospective data were collected for product dispensation, not research. Inherent limitations included: 1) limited or missing information about disease characteristics, regimen, number of bleeding events, and patient adherence to treatment regimen (some patients had data in all 4 quarters, but others lacked data in some quarters; the phenotype of each patient [eg, mild, moderate, severe] and regimen [eg, episodic vs routine prophylaxis] were not discoverable in this data set); 2) lack of randomization (study samples obtained from these data may include unobserved factors, which may influence prescriptive choice and group assignment); 3) study samples were not randomly selected (which may have introduced bias), and no inferential statistical testing was performed; and 4) data may not be generalizable. It cannot be assumed, based on prescription

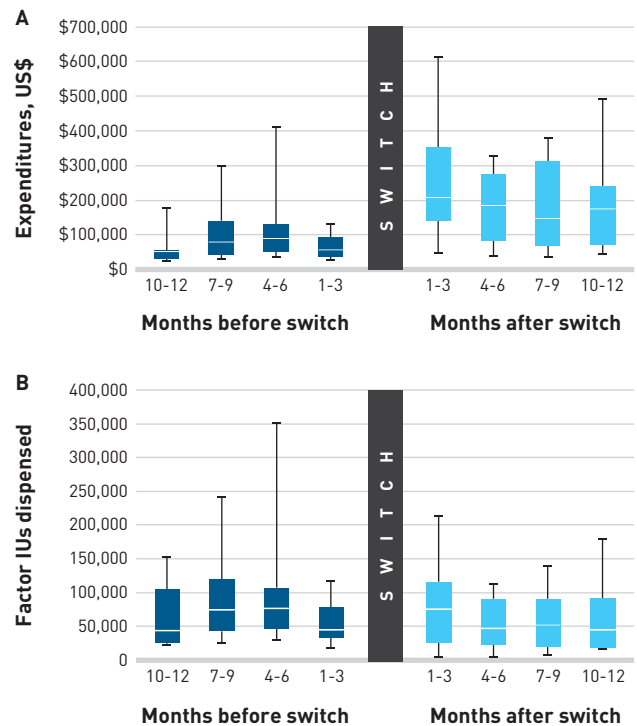
Please see indication, limitation of use, and additional Selected Safety Information for BeneFIX below and on pages 2 and 3. **Please see full Prescribing Information for BeneFIX® enclosed with this brochure and at BeneFixHCP.com.**

### Selected Safety Information (continued from page 3)

- Neutralizing antibodies (inhibitors) have been reported following the administration of BeneFIX. If expected plasma factor IX activity levels are not attained, or if the patient presents with an allergic reaction, or if bleeding is not controlled following an expected dose of BeneFIX, perform an assay that measures factor IX inhibitor concentration.
- The most common adverse reactions (>5%) from clinical trials were fever, cough, nausea, injection site reaction, injection site pain, headache, dizziness, and rash.

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**FIGURE 3.** Median Monthly Expenditures (A) and Factor IUs Dispensed (B)<sup>15,a</sup>



Boxes represent 25th and 75th percentiles; crossbars represent medians; and whiskers represent minimum and maximum values.

data, that the prescribed units were infused, and no insight was available into product stockpiling. The effects of discounts or distribution costs on expenditure data are unknown.<sup>15</sup>

<sup>a</sup>BeneFIX was not indicated for routine prophylactic use at the time of this study. Comparison does not imply comparable efficacy or safety, or product interchangeability. The per-patient, month-to-month variation in units dispensed may include changes in prescribed standing regimen, the presence or absence of bleeding events requiring the use of factor replacement, the presence of surgery or trauma requiring additional doses, and/or use by the patient of "stockpiled" units.<sup>15</sup>

**XYNTHA has a proven efficacy and safety profile across 3 indications\*:**

- on-demand treatment and control of bleeding episodes;
- perioperative management; and
- routine prophylaxis to reduce the frequency of bleeding episodes.<sup>16</sup>

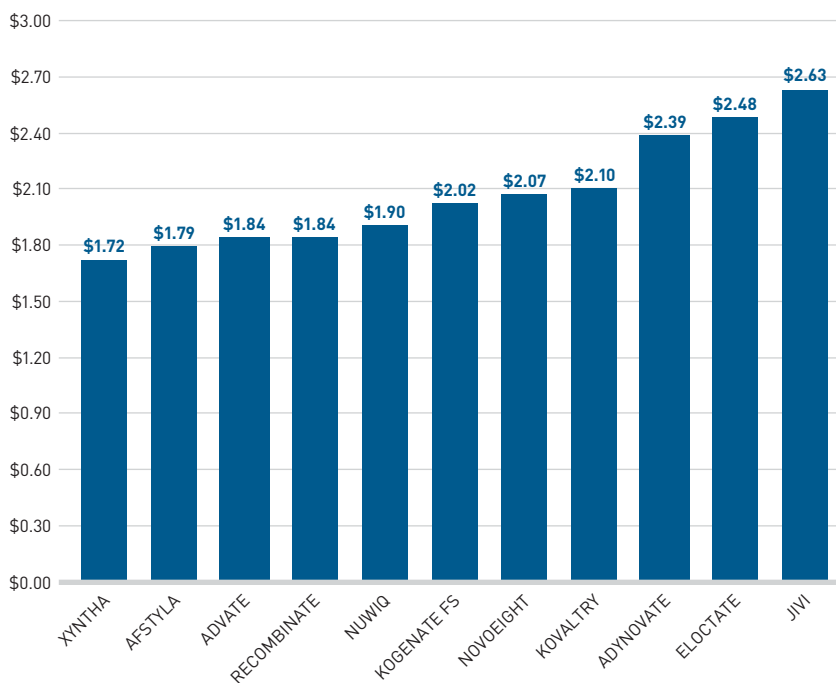
**The SOLOFUSE® device and flexible storage specifications offer convenience.**

- SOLOFUSE eliminates the transfer step and vials and offers all-in-one reconstitution.
- XYNTHA SOLOFUSE can be stored under refrigeration at a temperature of 2 to 8 °C (36-46 °F) for up to 36 months.
- XYNTHA SOLOFUSE is available in a travel-ready kit.<sup>2,16</sup>

**XYNTHA also has low WAC per IU and annual cost for on-demand and prophylaxis regimens.<sup>6,9,16-26,a,b</sup>**

- XYNTHA is among the lowest-cost recombinant FVIII (rFVIII) products on the market that are indicated for on-demand and prophylactic use.<sup>6,9,16-25,a,b</sup>
- At \$1.72 (2023 US\$), XYNTHA has the lowest WAC per IU among all SHL and EHL competitors (FIGURE 4).<sup>9,b</sup>

**FIGURE 4.** rFVIII Product WAC per IU (January 2023)<sup>9,16-26,b</sup>



ADVATE, antihemophilic factor (recombinant); ADYNOVATE, antihemophilic factor (recombinant), PEGylated; AFSTYLA, antihemophilic factor (recombinant), single chain; ELOCTATE, antihemophilic factor (recombinant), Fc fusion protein; JIVI, antihemophilic factor (recombinant), PEGylated-auc; KOGENATE FS, antihemophilic factor (recombinant), formulated with sucrose; KOVALTRY, antihemophilic factor (recombinant); NOVOEIGHT, antihemophilic factor (recombinant); NUWIQ, antihemophilic factor (recombinant); RECOMBINATE, antihemophilic factor (recombinant); rFVIII, recombinant factor VIII; WAC, wholesale acquisition cost; XYNTHA, antihemophilic factor (recombinant).

<sup>a</sup>Assumes dosing based on product's prescribing information (PI) and average patient weight of 75 kg. For on-demand treatment, assumes 30 bleeds/year. Estimated on-demand and prophylaxis treatment of uncomplicated hemarthrosis, per PI. These cost estimates are based on the PI and WAC for all products. Actual treatment costs vary; payer/specialty pharmacy data analysis determines drug cost most accurately.<sup>4</sup>

<sup>b</sup>The information and graphics in this section are current as of January 2023.<sup>9</sup> They are not intended to imply any comparable efficacy, safety, or product interchangeability among hemophilia A products. Clinical studies comparing the efficacy and safety of ELOCTATE, ADYNOVATE, JIVI, XYNTHA and XYNTHA SOLOFUSE, ADVATE, RECOMBINATE, KOGENATE FS, NOVOEIGHT, AFSTYLA, KOVALTRY, and NUWIQ in patients with hemophilia A have not been conducted. All trademarks are the property of their owners. Approved indications are not the same for all hemophilia A products. Please refer to the full PI for each hemophilia A product for complete dosing and administration information. WAC was published in January 2023 and is subject to change. These prices may not reflect the actual cost paid by consumers, pharmacies, or third-party payers.

\*Please see indication and additional Selected Safety Information for XYNTHA below and on pages 6 and 7. **Please see full Prescribing Information for XYNTHA® and XYNTHA® SOLOFUSE® enclosed with this brochure and at XYNTHAHCP.com.**

**Indication**

XYNTHA® Antihemophilic Factor (Recombinant) is indicated in adults and children with hemophilia A for on-demand treatment and control of bleeding episodes, for perioperative management, and for routine prophylaxis to reduce the frequency of bleeding episodes.

XYNTHA is not indicated in patients with von Willebrand's disease.

**Selected Safety Information**

- Do not use in patients who have manifested life-threatening immediate hypersensitivity reactions, including anaphylaxis, to the product or its components, including hamster proteins.
- Allergic-type hypersensitivity reactions, including anaphylaxis, are possible with XYNTHA. Inform patients of the early signs or symptoms of hypersensitivity reactions (including hives, generalized urticaria, chest tightness, wheezing, and hypotension) and anaphylaxis. Discontinue XYNTHA if hypersensitivity symptoms occur and administer appropriate emergency treatment. XYNTHA contains trace amounts of hamster proteins. Patients may develop hypersensitivity to these proteins.

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## HEMOPHILIA A: REAL-WORLD ANALYSIS WITH XYNTHA® (antihemophilic factor [recombinant])

### Cross-Sectional Comparison<sup>a</sup>

A cross-sectional comparison was performed of prescription claims for men diagnosed with hemophilia A of any severity on any regimen who used an SHL or EHL to manage their condition.<sup>27,28</sup>

### Study Design

Investigators retrospectively analyzed Truven Health MarketScan Research database data between August 1, 2014, and January 31, 2017, for factor expenditure and metric IUs dispensed for these patients (n = 500). They compared cost and factor volumes dispensed for patients using an EHL product with those of patients using an SHL product by month for up to 4 quarters. Patients may have received either prophylaxis or on-demand prescription. The mean age of patients receiving an SHL or EHL was 20.5 and 24.1 years, respectively. The study objective was to estimate expenditures and IU factor volumes dispensed for hemophilia SHL and EHL FVIII factor recombinant products (FRPs), using an administrative claims database.<sup>27,28</sup>

### Results

- Median expenditures per patient per quarter were **\$74,367 higher in the EHL cohort** compared to the SHL cohort (**FIGURE 5**).
- Median factor IUs dispensed per patient per quarter were **20,966 IUs higher in the EHL cohort** compared to the SHL cohort (**FIGURE 5**).<sup>27,28</sup>

### Study Limitations

This was a retrospective analysis with descriptive data, and no inferential statistical testing was performed. Study samples were not randomly selected, which may have introduced bias. Retrospective data have inherent limitations; these data were collected for product dispensation, not research. In this Truven database analysis: 1) the sample size was small, so results may not be generalizable/reliable; 2) no information was available about disease characteristics, regimen, number of bleeding events, and patient adherence to treatment regimen; 3) the effects of discounts or distribution costs are unknown; 4) study samples obtained from these data may include unobserved factors, which may influence prescriptive choice and group assignment; and 5) it cannot be assumed, based on prescription data, that the prescribed units were infused, and no insight was available into product stockpiling.<sup>27,28</sup>

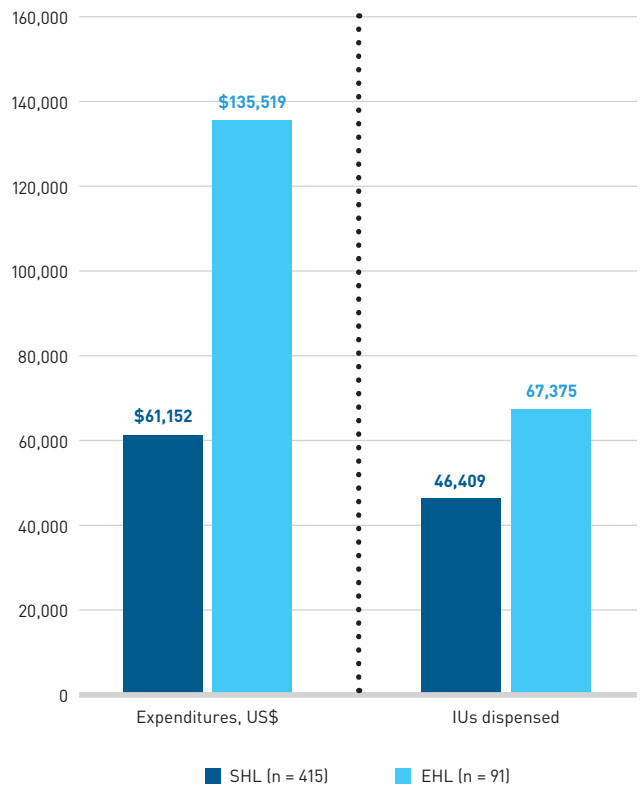
Please see indication and additional Selected Safety Information for XYNTHA below and on pages 5 and 7. **Please see full Prescribing Information for XYNTHA® and XYNTHA® SOLOFUSE® enclosed with this brochure and at XYNTHAHCP.com.**

### Selected Safety Information (continued from page 5)

- Inhibitors have been reported following administration of XYNTHA. Monitor patients for the development of factor VIII inhibitors by appropriate clinical observations and laboratory tests.
- Clinical response to XYNTHA may vary. If bleeding is not controlled with the recommended dose of factor, determine the plasma level and administer a dose of XYNTHA sufficient to achieve clinical response. If the factor level does not increase or there is no response, suspect an inhibitor and perform appropriate testing.

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**FIGURE 5.** Median Quarterly Expenditures (US\$) and Factor IUs Dispensed<sup>27, a, b</sup>



EHL, extended half-life; SHL, standard half-life.

**\*XYNTHA antihemophilic factor (recombinant) was not indicated for routine prophylactic use at the time of this study.** The information and graphics in this section are not intended to imply any comparable efficacy, safety, or product interchangeability among hemophilia A products.

<sup>b</sup>The analyzed data did not include regimen; however, both groups may include patients who received either prophylaxis or on-demand regimens.<sup>27</sup>

**Switch Analysis<sup>a</sup>**

A switch analysis was performed of prescription claims for men diagnosed with hemophilia A of any severity on any regimen who used an SHL or EHL to manage their condition.<sup>27,28</sup>

**Study Design**

Investigators analyzed Truven MarketScan Research database data that extend from August 1, 2014 to January 31, 2017. They assessed patients (n = 29) who switched from an SHL to an EHL FRP; patients were required to have continuous pharmacy enrollment and available claims data for at least 1 calendar quarter and up to 1 year before and after the index date of a product switch. Mean age of patients who switched was 21 years. The study objective was to estimate expenditures and IU factor volumes dispensed for patients who switched from an SHL to an EHL FRP. The study used individual patients as their own control, obviating important treatment variables including disease severity and patient weight.<sup>27,28</sup>

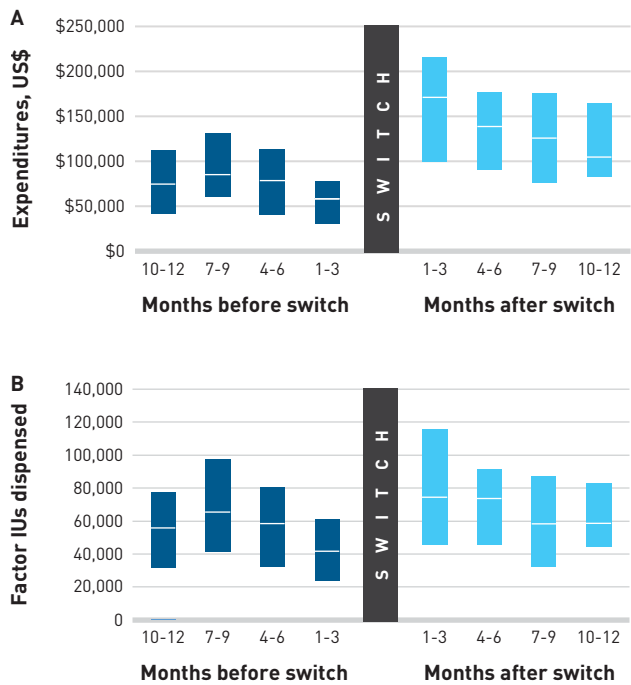
**Results**

- Median quarterly expenditures increased by \$64,548 following a switch from an SHL to an EHL product (FIGURE 6).
- Median quarterly factor IUs dispensed increased by 9438 IUs following a switch from an SHL to an EHL product (FIGURE 6).<sup>27,28</sup>

**Study Limitations**

This was a retrospective analysis with descriptive data, and no inferential statistical testing was performed. Study samples were not randomly selected, which may have introduced bias. Retrospective data have inherent limitations; these data were collected for product dispensation, not research. In this Truven database analysis: 1) the sample size was small; therefore, results may not be generalizable/reliable; 2) no information was available about disease characteristics, regimen, number of bleeding events, and patient adherence to treatment regimen; 3) 12 months of data pre- and post-switch were available for 8 out of 29 patients, but data 3 months pre- and post-switch may not represent the 12-month IU dispensation and costs incurred by patients; 4) the reason for switches from 1 product to another cannot be determined; 5) the effects of discounts or distribution costs are unknown; 6) study samples obtained from these data may include unobserved factors, which may influence prescriptive

**FIGURE 6.** Median Quarterly Expenditures (A) and IUs Dispensed (B) Associated with Switching from an SHL to an EHL<sup>27,a-c</sup>



EHL, extended half-life; SHL, standard half-life. Boxes represent 25th and 75th percentiles; crossbars represent medians.

choice and group assignment; and 7) it cannot be assumed, based on prescription data, that the prescribed units were infused, and no insight was available into product stockpiling.<sup>27,28</sup>

**\*XYNTHA antihemophilic factor (recombinant) was not indicated for routine prophylactic use at the time of this study.** The information and graphics in this section are not intended to imply any comparable efficacy, safety, or product interchangeability among hemophilia A products.

<sup>b</sup>The analyzed data did not include regimen; however, both groups may include patients who received either prophylaxis or on-demand regimens.<sup>27</sup>

<sup>c</sup>Published study contains data for box (lower quartile, median, upper quartile), but not whiskers (range).

Please see indication and additional Selected Safety Information for XYNTHA below and on pages 5 and 6. **Please see full Prescribing Information for XYNTHA® and XYNTHA® SOLOFUSE® enclosed with this brochure and at XYNTHAHCP.com.**

**Selected Safety Information (continued from page 6)**

- Across all studies, the most common adverse reactions (≥10%) with XYNTHA in previously treated adult and pediatric patients were headache (24% of subjects), arthralgia (23%), fever (23%), and cough (12%). Other adverse reactions reported in ≥5% of subjects were diarrhea, vomiting, and weakness.
- XYNTHA is an injectable medicine administered by intravenous (IV) infusion. Patients should be advised that local irritation may occur when infusing XYNTHA after reconstitution in XYNTHA® SOLOFUSE®.

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